New Jersey Department of Health and Senior Services
Occupational Health Service
P.O. Box 360
Trenton, NJ 08625-0360

OCCUPATIONAL DISEASE, INJURY, OR POISONING REPORT FOR PHYSICIANS AND ADVANCED PRACTICE NURSES

*INSTRUCTIONS: In accordance with N.J.A.C. 8:57-3.2, physicians and advanced practice nurses must report any patient who is ill or diagnosed with any disease, injury, or poisoning listed below within 30 days after the disease, injury, or poisoning has been diagnosed or treated. In addition, suspect cases or patients with other occupational diseases may be reported. All information **MUST** be completed. Mail **complete** report to above address or fax to (609) 292-5677. Additional information, report forms, or business reply envelopes may be obtained from the above address, or by calling (609) 984-1863. This form is also available online in Microsoft Word and in PDF format at www.state.nj.us/health/eoh/survweb.*

Date

PATIENT INFORMATION

Name of Patient (Print)
_____ (First) ____ (MI) _____ (Last)

Date of Birth

Street Address

Age (If DOB Unavailable)

City State Zip Code

Home Telephone Number
( )

Sex
☐ Male ☐ Female

Race
☐ White ☐ Black ☐ Am.Ind./ Alask.Nat. ☐ Asian/Pac.Isl. ☐ Other

Hispanic Origin
☐ Yes ☐ No ☐ Unknown

DIAGNOSTIC INFORMATION

Diagnosis

☐ Occupational Asthma
☐ Silicosis
☐ Asbestosis
☐ Pneumoconiosis, Other and Unspecified
☐ Extrinsic Allergic Alveolitis
☐ Pesticide Toxicity
☐ Occupational Dermatitis
☐ Carpal Tunnel Syndrome
☐ Poisoning Caused by Known or Suspected Occupational Exposure
☐ Work-Related Injuries in Children (under age 18)
☐ Work-Related Fatal Injuries

Date of Onset of Disease, Injury, or Poisoning
____ / ____ / _____

☐ Lead Toxicity, Adult (Blood > 25 µg/dl; Urine > 80 µg/L)
If Lead Toxicity:
Blood = _____ µg/dl
Urine = _____ µg/L

☐ Arsenic Toxicity, Adult (Blood ≥ .07 µg/ml; Urine ≥ 100 µg /L)
If Arsenic Toxicity
Blood = _____ µg /ml
Urine = _____ µg /L

☐ Mercury Toxicity, Adult (Blood ≥ 2.8 µg/dl; Urine ≥ 20 µg/L)
If Mercury Toxicity
Blood = _____ µg/dl
Urine = _____ µg/L

☐ Cadmium Toxicity, Adult (Blood ≥ 5 µg/L whole blood; Urine ≥ 3 µg/gram creatinine)
If Cadmium Toxicity
Blood = _____ µg/L whole blood
Urine = _____ µg/gram creatinine

☐ Other Occupational Disease - Specify: _____

Name and Address of Laboratory Which Performed the Testing, If Applicable
Laboratory Name _____
Street Address _____
City _____ State _____ Zip _____

PLACE OF EXPOSURE / INJURY

Company Where Exposure/Injury Occurred
Name _____
Street Address _____ Phone No. _____
City _____ State _____ Zip _____

Patient's Years of Employment At Place of Exposure/Injury
From (Year): _____ To (Year): _____

Job Title or Type of Work Performed by Patient

Patient's Department or Work Location

PHYSICIAN/ADVANCED PRACTICE NURSE INFORMATION

Name of Physician or Advanced Practice Nurse (Print)

Telephone Number
( )

Address
Facility Name _____
Street Address _____
City _____ State _____ Zip _____

Indicate Any Reasons Why The Patient Should NOT be Contacted

Comments by Physician/Advanced Practice Nurse, If Any